

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Revised Form

<b>FORM DR-2</b> (Rev. 01/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	17423
Indexed	SW
Audited	
Computer	ob

JAN 13 2003

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Shannon Savick Candidate County Supervisor

**IMPORTANT:** Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
(8) Support State of Candidates

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Shannon SAVICK

Political Party

Democrat-e

Office Sought

Warren County Supervisor

District (if Senate or House)

Shannon Savick  
**SIGNATURE OF TREASURER (or person filing this report)**

962-1840  
**TELEPHONE**

1/08/03  
**DATE SIGNED**

**Late filed reports are subject to possible civil and criminal penalties.**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A Jan 8 - 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one 1

☒ CHECK IF AMENDMENT TO REPORT DATED Oct 24 - 2002

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

Nov 10

County & Local Committees, enter County in which Election is held

Warren

### STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$

(210.07)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** .....

\$

348.74

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$

0

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

☐ YES

☐ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)



SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Shannon Sawick Candidate County Supervisor*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9-23-02	ID# CK# 1069	Warren County Demo		\$ 150.00	<input type="checkbox"/>
10-22-02	ID# CK# 1082	Warren County Dem.		84.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 234.00

**TOTAL (if last page of this schedule)**

\$ 234.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

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## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Shannon Sawick Candidate at County Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/24	ID# CK#	Carter Printing Des Moines	Campaign Sign	\$348 <sup>74</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$348 <sup>74</sup>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B)

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SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Shannon Savick Candidate for  
County Supervisor



DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/10/02	Delmar Phipps	Spouse	Candy for parade	\$ 8.00	<input type="checkbox"/>
9/24/02	Shannon SAVICK	Self	Paper Ink Signs	316.81	<input type="checkbox"/>
		expenses not covered by contributions			<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ ~~324.81~~

TOTAL (if last  
page of this  
schedule) \$ 324.81

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)